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FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES <input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
IN THE CASE OF	
U.S. <u> </u> v.s. <u>Jean Marshall</u>	FOR <u>Northern District</u> AT <u>Eastern Division</u>
PERSON REPRESENTED (Show your full name) <u>Jean Marshall</u>	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>184.5C & 641 Social Sec. Fraud</u>	<div style="border: 1px solid black; padding: 5px;"> LOCATION NUMBER <u>Room 1225</u> </div> <div style="border: 1px solid black; padding: 5px;"> DOCKET NUMBERS Magistrate <u>Hibbler</u> District Court <u>88 CR0025</u> Court of Appeals <u> </u> </div> <div style="border: 1px solid black; padding: 5px;"> 1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> Other 8 <input type="checkbox"/> <u>Magistrate</u> 9 <input type="checkbox"/> Other </div>

FILED

JAN 23 2008

JUDGE WILLIAM J. HIBBLER

UNITED STATES DISTRICT COURT

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <div style="display: flex; justify-content: space-between;"> <div>RECEIVED \$ <u>801</u></div> <div>SOURCES <u>Social Security Benefit</u></div> </div>	
ASSETS	CASH Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>500</u>	
	PROPERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ <u>100,000</u> DESCRIBE IT _____	

DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		Total No. of Dependents <u>-0-</u>	List persons you actually support and your relationship to them _____ _____ _____																							
	OBLIGATIONS & DEBTS																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)</small></th> <th style="width: 30%;">Creditors</th> <th style="width: 20%;">Total Debt</th> <th style="width: 20%;">Monthly Payment</th> </tr> <tr> <td>Medicare Insurance</td> <td>\$ _____</td> <td>\$ <u>97</u></td> <td></td> </tr> <tr> <td>Association Fee</td> <td>\$ <u>1</u></td> <td>\$ <u>197</u></td> <td></td> </tr> <tr> <td>Gas & Electric + Garbage Water</td> <td>\$ _____</td> <td>\$ <u>300</u></td> <td></td> </tr> <tr> <td>Food & Clothing - Medicine etc.</td> <td>\$ _____</td> <td>\$ <u>400</u></td> <td></td> </tr> <tr> <td>Restitution Claimed due</td> <td>\$ <u>81,000</u></td> <td></td> <td></td> </tr> </table>				DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)</small>	Creditors	Total Debt	Monthly Payment	Medicare Insurance	\$ _____	\$ <u>97</u>		Association Fee	\$ <u>1</u>	\$ <u>197</u>		Gas & Electric + Garbage Water	\$ _____	\$ <u>300</u>		Food & Clothing - Medicine etc.	\$ _____	\$ <u>400</u>		Restitution Claimed due	\$ <u>81,000</u>	
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 9/10/07

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Jean Marshall